Table of Contents #FO2273287

INVESTIGATOR'S LOG

SUPERVISOR'S REPORT ON USE OF FORCE

INVESTIGATIVE SUMMARY

TRANSCRIBED INTERVIEWS

- IAB #1 interview of Deputy Ryan Morejon
- IAB #2 interview of Deputy Ryan Morejon
- JAB#1 interview of Deputy Michael Rathbun
- IAB#2 interview of Deputy Michael Rathbun
- IAB interview of Sergeant John Sagardia
- IRC's Sergeant Kurtis Ebbinga's interview of Witness Inmate
- IRC Watch Commander interview of Suspect Stanley Bell
- IAB interview #1 of Suspect/Inmate Stanley Bell
- IAB interview #2 of Suspect/Inmate Stanley Bell

EXHIBITS

- Copy of Employee's Use of Force Memorandum under IRC Reference #5120-2010-0831-106 by Deputy Ryan Morejon.
- B Sketch of scene as depicted by Deputy Ryan Morejon.
- C Copy of Deputy Ryan Morejon's Training Records.
- D Copy of Employee's Use of Force Memorandum under IRC Reference #5120-2010-0831-106 by Deputy Michael Rathbun.
- E Sketch of scene as depicted by Deputy Michael Rathbun.
- F Copy of Deputy Michael Rathbun's Training Records.
- G Copy of Employee's Use of Force Memorandum under IRC Reference #5120-2010-0831-106 by Sergeant John Sagardia.
- H Sketch of scene as depicted by Sergeant John Sagardia.
- 1 Copy of Inmate Information for Suspect/Inmate Stanley Bell.
- J Copy of CCHRS/CII for Suspect/Inmate Stanley Bell.
- K Copy of Inmate Injury report for Suspect/Inmate Stanley Bell.
- L DVD containing interview of Suspect/Inmate Stanley Bell.
- M DVD containing interview of potential witnesses.

MISCELLANEOUS DOCUMENTS

- PM Shift In-service dated 08/31/10
- Signed Admonition Forms for: Deputies Morejon and Rathbun, and Sergeant Sagardia.

Los Angelos County Sheriff's Department Supervisor's Report on Use of Force Page 1 of 4

Incident Information URN: 5 1 2 - 0 2 0 1 0 - 0 8 Time: 1 0 6 Date: 8/31/11 2110 hours 450 Bauchet Street City or Station: Los Angeles Location: YES INO IX Correctional Services Division / IRC Admin. Investigation: Bureau/Station/Facility: Type of Force: Significant (Take-down, personal weapons, and O.C. Spray) - Fractured Jaw Deputy Injury : YES 🛛 NO 🗌 YES X NO Suspect Injury ☐ Detail Foot Pursuit Call ○ Observation ☐ Vehicle Pursuit IAB Notified: YES X NO Person Notified: Lt. Stefanie Fredericks Emp: IAB Roll Out: YES X NO ☐ Involved Employee First Name Middle Name Employee # Last Name Morejon Ryan M. Sex: Unit of Assignment: Work Assignment (Unit #, Module, etc.): Race: ⊠ Male Female **IRC** Booking Front Shift: Height: Weight: Age: OT Shift Off Duty Regular Shift M РМ 1 EM Day 5' 10" 230 Coroner Case # Directed Force 🔀 Injured 🔲 Treated Admitted Significant Force Hospital: First Name Middle Name Employee # Last Name Rathbun Michael Unit of Assignment: \$ex: Work Assignment (Unit #, Module, etc.): Race: ⊠ Male Female W **IRC Booking Front** Shift: Height: Weight: Age: Regular Shift OT Shift Off Duty XI РМ 5' 10" 170 EM Day Directed Force Coroner Case # Admitted Hospital: Injured Treated Significant Force First Name Middle Name Employee # Last Name Sex: Race: Unit of Assignment: Work Assignment (Unit #, Module, etc.): Male Female Shift: Height: Weight: OT Shift Off Duty Regular Shift EM Day PM Directed Force Coroner Case # ☐ Injured ☐ Treated Admitted Significant Force Hospital: Additional Involved Employees On Duty Supervisor Witness to Incident Present First Name Emp.<u>#</u> Last Name Middle Name YES NO YES 🛛 NO 🗌 Sat. Sagardia John. Present Witness to Incident Middle Name Rank First Name Emp_# .ast Na<u>me</u> Kurtis YES 🗌 NO 🛛 YES NO 🛛 Sgt. Ebbinga Watch Sergeant Middle Name Last Name First Name Emp.# Watch Commander First Name Middle Name Last Name Emp. Patrick Libertone Patrick L. Libertone Watch Commander's Signature: Watch Commander (Print Name) Emp#: Date Dinah L. Grote Supervisor Completing Form: (Print Name) Copy Provided to Employee by: Emp #: Emp #: Chuck Antuna Unit Commander (Print Name) Unit Commander's Signature: Date Emp #: DISCOVERY Use Only Original: Discovery Unit

\$H-R-438P (Rev. 07/08)

Copy: Unit Commander

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Sur visor's Report on Use of Fore EMPLOYEE / NON-EMPLOYEE INFORMATION

5 1 2 - 0 2 0 1 0 - 0 8 3 1 - 1 0 6

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		Er	nployee Witnesses					
Emp. <u>#</u>	Last Name Saga	First Name John			Middie Name R.			
Emp. #	Last Name	First Name	First Name			Middle Name		
Emp. #	Last Name	First Name	First Name			Middle Name		
Emp. #	Last Name		First Name			Middle N	lame	
Emp. #	Last Name		First Name	•		Middle N	lame	
Emp. #	Last Name		First Name			Middle N	lame	
		Non-	Employee Witnesses					
Last Name		First Name		Middle	Name	1	Age 40	D.O.B.
Street Address			City	1	Zip Code	Work Pi		Home Ph.
Former Inr	nate - Booking #							
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address			City	1	Zip Code	Work Pl	٦.	Home Ph.
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address		•	City		Zip Code	Work Pi	1.	Home Ph.
Last Name		First Name	•	Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Work Ph).	Home Ph.
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Work Pt	١.	Home Ph.
Last Name	•••	First Name		Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Work Ph	1.	Home Ph.
Last Name		First Name		Middle I	Name		Age	D.O.B.
Street Address			City		Zip Code	Work Ph		Home Ph.
Last Name		First Name		Middle i	Name		Age	D.O.B.
Street Address			City		Zip Code	Work Ph		Home Ph.
Last Name		First Name		Middle I	Vame		Age	D.O.B.
Street Address			City		Zip Code	Work Ph		Home Ph.

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Additional Witness

Sy prvisor's Report on Use of F ce SUSPECT INFORMATION

5 1 2 - 0 2 0 1 0 - 0 8 3 1 - 1 0 6

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			Sı	ıspect Inforn	nation					
S <u>1</u>	Last Name	Bell		First Name	Stanl	еу	Middle Nam	e		
	AKA Last Name	Bisho	р	First Name	Christ	ian	Middle Nam	e E	3lair	
	Sex: Male Fem	-t-	Street Address:			City:	5	State & Zip C	ode:	
		<u> </u>		A a a -	! !-:- - -	D.O.B.)Ataiaht.			Щ.
	Work Phone:	Home Phone		Age: 26	Height 5' 11"	07/06/84	Weight: 2	10 A	rmed?	
	Booking #: 2458901	Primary Cha	rge Code:		Secondary Char	ge Code:		Criminal	l History	
	EMT in attendance? Y	ES NO Na	me:		Unit:		_ Phone #:			
	Hospital Admission?					roner Case #:			History	
	:By Doctor: Dr	. Sporty	Address:	1200 North	State Street, L	os Angeles	Phone #:_	(213) 22	26-611	8_
	Under Influence: YE							Mental I		
								ADMITS HE		
	Date: 08/31/10 Til	me: 2306	Audiotape:			Photos of Injurie	es:	ANNOUNCE		
	Last Name			Suspect Info First Name	rmation	•	Middle New	20		
<u>s_</u>							Middle Nam	te		
	AKA Last Name			First Name		•	Middle Nam			
	Sex: Male Fen	Race:	Street Address:			City:		State & Zip C	ode:	
	Work Phone:	Home Phone	·	Age:	Height:	D.O.B.	Weight:		Armed?	
	Booking #:	Primary Cha	arge Code:		Secondary Cha	rge Code:		Crimina	af History	
	EMT in attendance?	res '□no na	·		Unit:		Phone #	.		_
	Hospital Admission?					oroner Case #:			al History	П
	By Doctor:					_	Phone #:		,	
		ES NO			-			Mental Illn	ess:	
								ADMITS HE	ARING	
	Date: Ti	me:	Audiotape:	☐ Video uspect Infor	·	Photos of Injurie	es:	ANNOUNCE		
S	Last Name			First Name	nauon		Middle Na	me		
	AKA Last Name			First Name			Middle Na	me		
	Sex: Male Fe	Race:	Street Address:			City:		State & Zip	Code:	
	Work Phone:	Home Phone	•;	Age:	Height:	D.O.B.	Weight		A a)D	
			. 0. 4			<u> </u>		1	Armed?	
	Booking #:	Primary Cr	arge Code:	··	Secondary Cha	arge Code:		Crimin	al History	<u>' </u>
	EMT in attendance?	YES NO N	ame:		Unit		Phone#	#:		
	Hospital Admission?	Rec'd Treatm	nent At:		c	Coroner Case #:		Ment	al History	Ù
	By Doctor:		Address:			<u></u>	Phone #:			
		ES NO	Substance:					Mental I		
	STATE OF THE STATE			Sustaine De Ctil	DIEDVIEW EN			ADMITS HE		entre (Cr
	Date: Ti	me:	Audiotape:	Video	tape: 1	Photos of Injurie	es: l	ANNOUNCE		

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Method

(ΑVΛ)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
. ,	Baton: (Control)	(FR)	Firearm (Rifle)		Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)		Restraint Device (Capture Net)
(BF)	Bodily Fluids	(FO)	Firearm (Other)		Restraint Device (Handcuffs)
(CN)	Canine	(FB)	Flashbang		Restraint Device: Hobble (Legs Only)
	Carotid Restraint	(FL)	Flashlight		Restraint Device: Hobble (TARP)
	Choke Hold	(OÉ)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT)	Control Holds: (Control Techniques)	, ,	Other Weapon: Vehicle	(SP)	Sap
(11)	Control Holds: (Team Takedown)		Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	, ,	Other Weapon: Other	(SG)	37mm Stinger
(CE)	Chemical		Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
	Chemical Agents (OC Spray)		Personal Weapon: Feet/Leg: (Sweep)		Stun Bag
, ,			Personal Weapon (Hand/Arm)		Taser
(TG)			Personal Weapon (Push)	٠,	Uncooperative
(EX)	Explosives	(E.E.)	i disorial vicapori (i usi)	(50)	

Type of Injury (AB) Abrasion (DB) Dog Bite (PA) Paralysis (BR) Bruise (FR) Fractures (PW) Puncture Wound (BU) Burn (GS) Gunshot (SD) Soft Tissue Damage (CP) Complaint of Pain (HB) Human Bite (ST) Sprain/Twists (CO) Concussion (LC) Lacerations (UN) Unconscious (DH) Death (ND) Nerve Damage (RM) Refused Med Treatment (DI) Dislocation (OD) Organ Damage (NN) NONE	Body Part Injured (AD) Abdomen (FA) Face (HI) Hip (AK) Ankle (FE) Feet (IN) Internal (AR) Arm (FI) Fingers (KN) Knees (BK) Back (GE) Genitals (LE) Leg (BT) Buttocks (GR) Groin (NK) Neck (CH) Chest (HD) Hands (NO) Nose (EL) Elbow (HE) Head (SH) Shoulder (WR) Wrist
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F	ORCE USED BY		FORCE USED AGAIR	Method	Type of Injury (Code)	Body Part (Code)		
N	lame	E# or S#	Name	E# or S#	(Code)	(Code)	(Code)	
·	Bell	S	Morejon, Rathbun		UC, RS			
	orejon	E#1_	Bell		PH, PP, RH	FR	FA	
	athbun	E#2	Bell	S	TD, PP, PH, OC, RH	SD_	FA	
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